

SENDER: COMPLETE THIS SECTION		COMPLETE THIS SECTION ON DELIVERY	
<ul style="list-style-type: none"> Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits. 		A. Received by (Please Print Clearly) B. Date of Delivery C. Signature <i>[Signature]</i> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No AUG 04 2000	
1. Article Addressed to: David Barasch, U.S. Attorney P.O. Box 11754 Harrisburg, Pa. 17108		3. Service Type <input type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail <input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D. 4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes	
200 0600 0027 5713 4604 S Form 3811, July 1999		3:CV-00-1292-20/3 Show Cause Order 8/2/00 Domestic Return Receipt 102595-99-M-1789	

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MARY E. D'ANDREA
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1. Article Addressed to: Frances Holmes, Director U.S. Immigration & Naturalization 1660 Callowhill St. Philadelphia, Pa. 19130		3. Service Type <input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail <input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D. 4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes	
Article Number (Copy from service label) 200 0600 0027 5713 4611 Form 3811, July 1999		3:CV-00-1292 1 of 3 Show Cause Order of 8/2/00 Domestic Return Receipt 102595-99-M-1789	

3:CV-00-1
Show Cause
Order
8/2/00